		poleda
Entry Blank—	Please Type or Print	IHM
☐ Ms./Artist ☐ Mr./Artist ☐	TEVEN SAGRI	/
		(last name last)
Permanent 70	= 79 PRINICETAN DI	1 0/-11 1170
Address	Stroot City	CCOV. HI
	Street	
44118	Daytime Tel. (216)	932-762
Zip	area	
Temporary or		
Studio Address		
Studio Address _		City
	Davine (C	
Zip	GLIDES	
16	61100	
If you do not prese Reserve, in which co		
neserve, in writer co		
Collaborator (if any)		
	s al accepted or are not sold:	
Artist will pick u		
☐ Museum should	ship to artist at artist's expense:	
I Waseum should	stilp to artist at artist's expense.	
	Street	
City	State	Zip
Special Instruc	rtions	
special instruc	LIONS	
Entry Blank must be	completed in full and signed: forms received	ed unsigned will not

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature A

I have received the unsold/unaccepted object(s) in good condition.

Signature

## **Entry Blanks**

Detach entire portion along dotted line and submit with slides, but retain tags

NOT ACCEPTED

A Paint		:s A Pho	tography (specify category)	
Materials used (media)				
BAWP	40TO GRAPH	44		
Title	Untitled	1		
Price or NFS 250-00	Insurance Value if NFS Only	Size 5",	Y JY FRAMES vidth x depth	
GRAPHICS AND PHOTOGRAPHY ONLY				
Additional No. For Sale		ee of Print framed	Price of Frame Only	
ACCEPTED	DO NOT WRITE IN TH	IS SECTION	ACCEPTED	
NOT ACCEPTED -	1 79a	ph_	NOT ACCEPTED	
B Painti		rs Pho	tography (specify category)	
Materials used (media):				
BAW PHOGRAPH HAND COLORED				
Title CLO GRECO"				
Price or NFS 300.00	Insurance Value If NFS Only	1/XI	Y FRAMED Width x depth	
GRAPHICS AND PHOTOGRAPHY ONLY				
Additional No. For Sale		ce of Print framed	Price of Frame Only	
ACCEPTED X	DO NOT WRITE IN THIS SECTION	ACCEP NOT ACC	4 2/26	

DATE